

Name of Person Filing <b>Dennis Lanczik</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Laborers' Health and Safety Fund (LHSFNA)</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 905 16th Street, NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20006</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>												
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Provides health and safety services to LIUNA signatory contractors and LIUNA Health and Welfare Funds.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <table border="0"> <tr> <td>3-29-04</td> <td>Had dinner</td> <td>\$195.70</td> </tr> <tr> <td>5-10-04</td> <td>Had dinner</td> <td>\$92.52</td> </tr> <tr> <td>9-27-04</td> <td>Had dinner</td> <td>\$75.27</td> </tr> <tr> <td>10-15-04</td> <td>Had dinner</td> <td>\$39.13</td> </tr> </table> <p>12.b. Amount. \$403</p>	3-29-04	Had dinner	\$195.70	5-10-04	Had dinner	\$92.52	9-27-04	Had dinner	\$75.27	10-15-04	Had dinner	\$39.13
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>



August 10, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, DC 20210

**RE: Form LM-30 Filing for Dennis Lamczik, Labor Organization File No. 000-131**

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to see systematic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and reverse its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in the circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that received in 2004.

Sincerely,

Dennis Lamczik

LIUNA International Rep.  
1312 Rhode Island Ave., NW #B  
Washington, DC 20005

Enclosure

